

Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>TN4719                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: 01 - MAIN<br>B. WING: _____  | (X3) DATE SURVEY COMPLETED<br><br>12/09/2013 |
| NAME OF PROVIDER OR SUPPLIER<br><br>WEST HILLS HEALTH AND REHAB |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>6801 MIDDLEBROOK PIKE<br>KNOXVILLE, TN 37919 |   |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE                           |
| N 848   | <p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by:<br/>Based on testing and interview, the facility failed to maintain a negative air pressure in dirty areas.</p> <p>The findings include:</p> <p>Testing and interview with maintenance on December 9, 2013 between 11:00 a.m. and 11:30 a.m. revealed the soiled utility/janitor's closets exhaust in the 300 and 400 Hall was not working.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 9, 2013.</p> | N 848   | <p>N 848</p> <p>1. No residents were identified as having been affected.</p> <p>2. The maintenance director reset the breaker and the exhaust in the soiled utility closet on the 300 hall and 400 hall on 12/23/13. The maintenance director checked all exhausts and there were no other non-functioning exhausts found.</p> <p>3. The Maintenance Director was in-serviced by the Administrator on 12/13/13 on ensuring the exhausts are working in the building.</p> <p>4. The Maintenance Director will audit the exhausts weekly x 1 month , then monthly ongoing to ensure the exhausts are functioning. All findings will be reviewed in the Quality Assurance Performance Improvement Committee for 3 months and/or until one hundred percent compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records and Environmental Department.</p> | 1/13/14                                      |

Division of Health Care Facilities  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

12/31/13